

PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/806,110
Filing Date	August 31, 2001
First Named Inventor	KARAPLIS, Andrew C. et al.
Art Unit	1632
Examiner Name	SHUKLA, Ram R.
Attorney Docket Number	1770-214US

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

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020988

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OR

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Address				
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Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

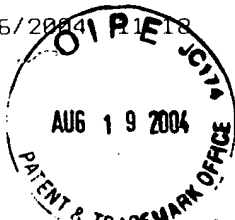
Name	Andrew C. KARAPLIS		
Signature			
Date	July 21/04	Telephone	(514) 340-8222

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 4 forms are submitted.

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PTO/SB/82 (09-03)

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Name	Mark L. LIPMAN		
Signature			
Date	Aug 8, 2004	Telephone	514-340-8229

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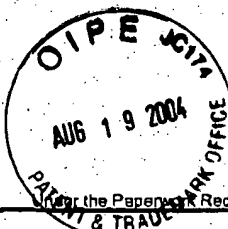
Name	Janet E. HENDERSON				
Signature					
Date	Aug 3 / 04		Telephone	514-934-1934-36278	

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PTO/SB/02 (09-03)

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SIGNATURE of Applicant or Assignee of Record

Name	David GOLTZMAN		
Signature	<i>David Goltzman</i>		
Date	Aug 9 2004	Telephone	514-843-1632

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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